

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Yuma  
District of San Carlos  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. Full name of child Charles Howard Victor (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 400 6. Legitimate? yes 7. Date of birth 4 16 24 Month Day Year

8. FATHER  
Full name Leo Victor  
9. Residence (Usual place of abode) San Carlos Ariz  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race 4/4 Indian  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) San Carlos Ariz  
(State or country) \_\_\_\_\_  
13. Occupation Farmer  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Lucie C. Dillon  
15. Residence (Usual place of abode) San Carlos Ariz  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race 4/4 Indian  
17. Age at last birthday 29 (Years)  
18. Birthplace (city or place) San Carlos Ariz  
(State or country) \_\_\_\_\_  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 2  
21. Were precautions taken against ophthalmia neonatorum? No

I hereby certify that I attended the birth of this child, who was born alive at 8:20 P.M. on the date above stated.  
(Born alive or stillborn) \_\_\_\_\_  
Signature [Signature] (Physician or midwife)  
Address San Carlos Ariz  
Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19\_\_\_\_  
Filed 10-6 1924 [Signature] Local Registrar  
County Registrar.

359-916-645